D.I. # _____

CIVIL ACTION NUMBER: 08-197 JJF

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WARDEN PERRY PHELPS
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA DE 19977

FILED
2008 MAY 22 P 3:39
CLERK, U.S. DIST. COURT
DISTRICT OF DELAWARE

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____ ☐ Agent ☐ Addressee

B. Received by (Printed Name) M. LAMON C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type 08-197JJF
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 3020 0002 3321 4424

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Scanned- KSR 5/23/08